

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Fire & Life Safety Control Systems, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2024 FEB 22

AM 9:15

SECRETARIAT
TALLAHASSEE
FLORIDA

FEB 22 PM

T.J.H.
2/23/24

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Fire & Life Safety Control Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3645 Airport Commerce Drive, Suite 6
Lakeland, FL 33811

Mailing address, if different is:
4715 Main Street
Whitehall, PA 18052

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fire controls contractor.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 authorized with a par value of \$0.10 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Toni Guerrero, President & Director

Name and Title:

Address: 3645 Airport Commerce Drive
Suite 6
Lakeland, FL 33811

Address:

Name and Title: Miguel Guerrero, Secretary & Director

Name and Title:

Address: 3645 Airport Commerce Drive
Suite 6
Lakeland, FL 33811

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE
FLORIDA
FEB 22 2024

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Toni Guerrero
 Address: 3645 Airport Commerce Drive, Suite 6
Lakeland, FL 33811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Toni Guerrero
 Address: 3645 Airport Commerce Drive, Suite 6
Lakeland, FL 33811

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

TG _____ February 20, 2024
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TG _____ February 20, 2024
 Required Signature/Incorporator Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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